

1122 Lady Street, Suite 1050
Columbia, SC 29201
Tel: 803.252.4505



2012-39-A

235935

2012 MAY 29 PM 4:38
PUBLIC SERVICE
COMMUNICATIONS

May 29, 2012

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Dear Sir or Madam:

Attached is a copy of the Authorized Utility Representative Form for Qwest Communications Company, LLC d/b/a CenturyLink which includes updated contact information.

If you have any questions, please contact me at 803-252-4505.

Sincerely,

M. Zel Gilbert
State Regulatory and Legislative Affairs

Attachment

Cc: Office of Regulatory Staff

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Qwest Communications Company, LLC
 Company Name _____
 CenturyLink _____ 303-383-6680
 Dbaf/ka _____ Telephone # _____
 1801 California Street, 10th Floor
 Mailing Address _____
 Denver, CO 80202
 City, State, Zip Code _____
 Same as Above _____
 _____ Business Location _____
 Same _____
 City, State, Zip Code _____ County _____

REGISTERED AGENT INFORMATION

Registered Agent: _____ CT Corporation System
 Mailing Address: _____ 75 Beattie Place, Two Insignia Financial Plaza
 City, State, Zip Code: _____ Greenville SC 29601

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Zel Gilbert
General Manager (Include address if different than above.)
 803-252-4505 / 803-252-6751 / zel.gilbert@centurylink.com
 Telephone Number Facsimile Number E-mail Address
- B. Roberto Dominguez 930 15th St., 11th Fl. Denver CO 80202
Customer Relations /Complaints Representative (Include address if different than above.)
 877-440-8959 / 800-939-0599 / roberto.dominguez@centurylink.com
 Telephone Number Facsimile Number E-mail Address
- C1. Roberto Dominguez 930 15th St., 11th Fl. Denver CO 80202
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
 877-440-8959 / 800-939-0599 / roberto.dominguez@centurylink.com
 Telephone Number Facsimile Number E-mail Address
- C2. 888-524-0011 Customer Service
Customer Contact (Toll Free Number)
- D. Jack Shives 700 W. Mineral Ave. Littleton CO 80120
Engineering Operations (Include address if different than above.)
 303-707-7472 / 303-707-9585 / jack.shives@centurylink.com
 Telephone Number Facsimile Number E-mail Address
- E. Jack Shives 700 W. Mineral Ave. Littleton CO 80120
Test and Repair (Include address if different than above.)
 303--707-7472 / 303-707-9585 / jack.shives@centurylink.com
 Telephone Number Facsimile Number E-mail Address

F. UNICALL Center

Emergencies (During non-office hours)

866-864-2255 / /

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices

G. Zel Gilbert 1122 Lady St. Suite 1050 Columbia SC 29201

Regulatory Officer (Include address if different than above.)

803-252-4505 / 803-252-6751 / zel.gilbert@centurylink.com

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

H. Zel Gilbert

Dual Party Mailings (Name)

_____ / _____

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

I. Deborah Hayek

Interim LEC Fund Mailings (Name)

Mailing Address

402-422-5198 / 303-965-8022 / deborah.havek@centurylink.com

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

J. Deborah Hayek

Universal Service Fund Mailings (Name)

Mailing Address

402-422-5198 / 303-965-8022 / deborah.hayek@centurylink.com

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

K. Deborah Hayek

Gross Receipts Mailings (Name)

Mailing Address

402-422-5198 / 303-965-8022 / deborah.hayek@centurylink.com

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

L. Zel Gilbert

Lifeline Mailings (Name)

0 / /

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

State Regulatory and Legislative Affairs Director
Title

Zel Gilbert
Signature

3/29/12
Date

RETURN COMPLETED FORM TO:

(Rev. PSC 01/2010)